

Sign Permit Application



DEPARTMENT USE ONLY

Permit no.:

Date Received:

Date Issued:

By:

Receipt #:

City of Milwaukie

6101 SE Johnson Creek Blvd., Milwaukie OR 97206

Phone: 503-786-7630

Fax: 503-774-8236

Apply for permits on line www.buildingpermits.oregon.gov

Inspections: 503-786-7575 or www.buildingpermits.oregon.gov

Land use approval (if any):

JOB SITE INFORMATION

Job site address:

Bldg. #:

Suite #:

Project Name:

Description and location of work in premises/special conditions:

PROPERTY OWNER

Name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Owner's Representative:

Phone:

Fax:

E-mail:

APPLICANT

Name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

CONTRACTOR

Business Name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

CCB license no.:

NOTE: When applying on line please upload this application with your drawings

JOB SPECIFICATIONS

Applicant check one

☐ Erect new

☐ Alter

☐ Repair

☐ Other: _____

Type of sign check one:

☐ Freestanding

☐ Under Marquee

☐ Off premise

☐ Outdoor advertising

☐ Incidental

☐ Roof

☐ Wall

☐ Other: _____

Building and surrounding area

Zone: _____

Street frontage of premises: _____

Square feet of building face for wall signs: _____

Sign area

Square feet per display surface: _____

Total square feet for all display surfaces (this sign) _____

Height: _____

Projection: _____

Clearance (above grade): _____

Type of illumination

☐ Internal

☐ External

☐ Combination

☐ None

Bulb type: _____

Illumination equivalent to (milliamperes or watts): _____

Construction materials: _____

Other signs on premises (list type and size): _____

I hereby certify I have read and examined this application. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: _____ Date: _____ Print name: _____